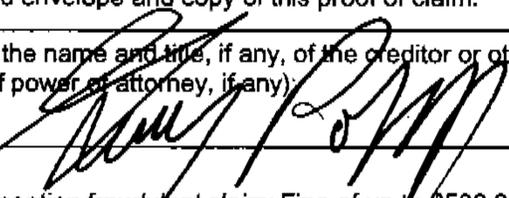


United States Bankruptcy Court 61283, Houston TX 77208		SOUTHERN DISTRICT OF TEXAS P.O.Box (Houston Division)		PROOF OF CLAIM	
Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11		Creditor ID#: 788-23621 United States Bankruptcy Court Southern District of Texas FILED JUL 21 2000 Michael N. Milby, Clerk	
Name of Creditor (The person or other entity to whom the debtor owes money or property): H B Group, division of Intercraft, subsidiary of Newell Rubbermaid Inc.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.			
Name and address where notices should be sent: *****AUTO**3-DIGIT 606 Holson Burnes - SS3200 Newell Rubbermaid Inc. Attn: Gary Popp 29 E. Stephenson Street, Freeport, IL 61032 		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor: SS3200		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____			
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date)			
2. Date debt was incurred: See attached statement		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ 20,032.58 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		8. Supporting Documents: Copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		This Space is for Court Use Only 316	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		Date: 7/14/00 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Gary Popp			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

Newell Rubbermaid

ORIGINAL

TELEPHONE: 815-235-4171

64

H B GROUP

DUNS# 001176031

VENDOR NO.

DATE: 07/05/2000

PAGE: 1

CUSTOMER NO. SS3200-00000

PLEASE REMIT TO
H B GROUP BOX 74693 CHICAGO IL 60675-4693

SSI MERCHANDISE
PAYABLE DEPARTMENT
PO BOX 20768
HOUSTON TX 77225-0768

R

DATE	STORE	DEPT	OUR REFERENCE NO.		AMOUNT	P.O. NUMBER	REMARKS
04/27/2000	00000	HBHB	022069185	RB	200.00	43135700SHP	PAST DUE 39 DAYS
04/27/2000	00000	HBHB	022069187	RB	896.38	42630900SHP	PAST DUE 39 DAYS
04/28/2000	00001	HBHB	022087126		15,549.00	10019430	PAST DUE 38 DAYS
06/30/2000	00000	HBHB	023078970	RB	2,654.45	434993	
06/30/2000	00001	HBHB	023078972	RB	732.75	434668	

20,032.58 TOTAL OUTSTANDING

CURRENT	1-30 DAY	31-60 DAYS	61+ DAYS
3,387.20	.00	16,645.38	.00

HBHB = H B GROUP

IF YOU HAVE ANY QUESTIONS ABOUT YOUR ACCOUNT, YOU CAN CALL YOUR CREDIT REP
PATRICE KRUPKE AT 800-449-5425 EXT 2060 . OR YOU CAN
FAX YOUR REP AT 815-233-8115 .

STATEMENT OF ACCOUNT